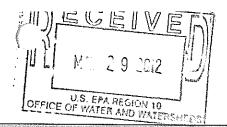
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Notice Of Intent (NOI) To Operate Under NPDES General Permit #IDG-131000 for AQUACULTURE FACILITIES in Idaho Not Subject to Wasteload Allocations

Submission of this document constitutes notice that the party identified under Operator Name intends to be covered by the general permit authorizing discharges from aquaculture activities in Idaho that are not subject to wasteload allocations and obligates the operator (permittee) to comply with the terms and conditions of the permit.

Facility Owner/Operator Information				
Operator's Name (Permittee): Nez Perce Tribe Kooskia National Fish Hatchery	Phone: 208-926-4272			
Address: 318 Toll Rd. Kooskia, Idaho 83539	Fax: 208-926-4574			
rcoostia, Idailo 65559	E-Mail Address: kenth@nezperce.org			
Owner's Name: U.S. Dept Of Interior –U.S. Fish and Wildlife Service	Phone: 503-872-2763			
Address:	Fax:503-231-2062			
Eastside Federal Building 911 N.E. 11 th Ave. Portland, Oregon 97232	E-Mail Address: Rich_johnson@fws.gov			
Facility Information				
Facility Name: Kooskia Natl. Fish Hatchery	Phone: 208-926-4272			
Address: 318 Toll Rd	Fax:208-926-4574			
Kooskia, Idaho 83539	E-Mail Address: kenth@neaperce.org			
	County: Idaho			
Facility Manager (or Contact) and Address: Kent Hills	Phone: 208-926-4272			
318 Toll Rd Kooskia, Idaho 83539P.O. Box 18,	Fax:208-926-4574			
, , , , , , , , , , , , , , , , , , ,	E-Mail: kenth@nezperce.org			
Facility Latitude (New Permittees Only: (to closest 15 seconds): 46° 07' 39.17" N	Facility Longitude (New Permittees Only) (to the closest 15 seconds): 115°56'44.59" W			
NPDES Permit No: ID-131000 EPA General Permit ID-0008I <u>D131004</u> ょりょうしゅみ	IDA License Number: (include a copy of the license) N/A			
Other Numbers(s) Assigned to Facility & Source Waters: EPA- ID-00081-7	Date Facility was first operated, if known:			

Operations & Production Information

Rearing Units:

Number of concrete raceways: 12 raceways, 6 ponds area: 15840 sq ft

Number of earthen-bottomed ponds: 0 area: 0

Waste Management System:

Offline settling basins:

Number of basins that discharge: 1 area: 157,000sq ft

Number of basins that do not discharge: 0

Number of full flow settling basins 0 area: 0

Number of quiescent zones: 0

Other:

Number of laboratory outfalls: 0 Number of other outfalls (explain): 0 Total Number of Outfalls:

Raceways: 1 FFSBs: 0 OLSBs: 1

Other: 0

Project the number of operating days for the facility on a monthly basis throughout the calendar year:

Month	01	02	03	04	05	06	07	08	09	10	11	12
# of												
Days	31	29	31	30	31	30	31	31	30	31	30	31

Amount of Fish Produced

List the7species of fish produced at your facility. For each species, include projected yearly gross harvestable weight in pounds produced (contained, grown, or held) for the five year term of the permit, based upon historical operations, planned changes, and/or design capacity.

Species:	Year One	Year Two	Year Three	Year Four	Year Five
Spring Chinook Salmon	40,000	40,000	40,000	40,000	40,000
Coho Salmon (acclimated at KNFH 1 month prior to release)	14,000	14,000	14,000	14,000	14,000
Coho Salmon		10,000	10,000	10,000	10,000
·					

Project the Feed Usage in next 5 years (in pounds)

Average Pounds per Month: 3.382 Average Pounds per Year: 40.584 Maximum Pounds per Month: 9.386 Maximum Pounds per Year: 48,100

We are looking at increasing Coho production at the hatchery another 200,000 fish by putting in two circular tanks

Drugs, Disinfectants & Other Chemicals

List all projected chemicals & maximum daily amounts expected to be used in next 5 years (use an attachment, if necessary).

Put an asterisk (*) next to those that are Investigational New Animal Drugs (INADs)

Name:*AQUI-S Maximum daily amount to be used: 45mg

Method of application: water - anesthetic Maximum amount in effluent 0

Name: *Florfenicol (Aquaflor) Maximum daily amount to be used: <u>584 mg/day</u> Method of application: :<u>feed additive</u> Maximum amount in effluent <u>.0423ppm</u>

Name: *Oxytetracycline (Terramycin) Maximum daily amount to be used: 7 grams/100lbs fish / day

Method of application: feed additive Maximum amount in effluent 1.1ppm

Name: Formalin Maximum daily amount to be used: 34 gallons

Method of application: water drip Maximum amount in effluent 50 ppm

Name: Formalin Maximum daily amount to be used: 23 gallons

Method of application: water bath Maximum amount in effluent 167 ppm

Name: Chlorine Maximum daily amount to be used: 165 gallons

Method of application: disinfectant Maximum amount in effluent: 0 (neutralized)

Name: Sodium Thiosulfate Maximum daily amount to be used: 400lbs

Method of application: water treatment Maximum amount in effluent: 0 (neutralizer)

Name: Carbon Dioxide Maximum daily amount to be used: 9mg/l

Method of application: anesthetic Maximum amount in effluent: 1,000 ppm

Name: Tricaine methanesulfonate (MS-222) Maximum daily amount to be used: 48grams

Method of application: water anesthetic Maximum amount in effluent: 0

Name: Iodine (buffered) Maximum daily amount to be used: 1 gallon

Method of application: disinfection bath (eggs) Maximum amount in effluent: 0 (diluted)

Description of Discharge

Provide a drawing of your operation on the back of this sheet, or attach a separate sheet.

Show all outfalls & monitoring locations.

Include all waste stream discharges (e.g. tailraces, settling basins, fish tagging operations, laboratories, leaks)

SEE ATTACHMENT A, B

Attach map

Include an area map based upon a map of the US Geologic Survey (USGS) with a scale of at least 1:24,000. Show water sources, points of influent to and discharge from the facility.

Water sources should include water right numbers.

SEE ATTACHMENT C

Name(s) of Receiving Water to which Facility Discharges: Middle Fork Clearwater River, and Clear Creek

Name of Larger Stream/River Downstream: Clearwater River

Water Sources & Flow through the Facility & Time Period

For each source, indicate minimum & maximum flow and the period in which that source contributes the flow (e.g., 12 cfs minimum, & 15 cfs maximum between June 15 & September 30 in a typical year from True Springs)

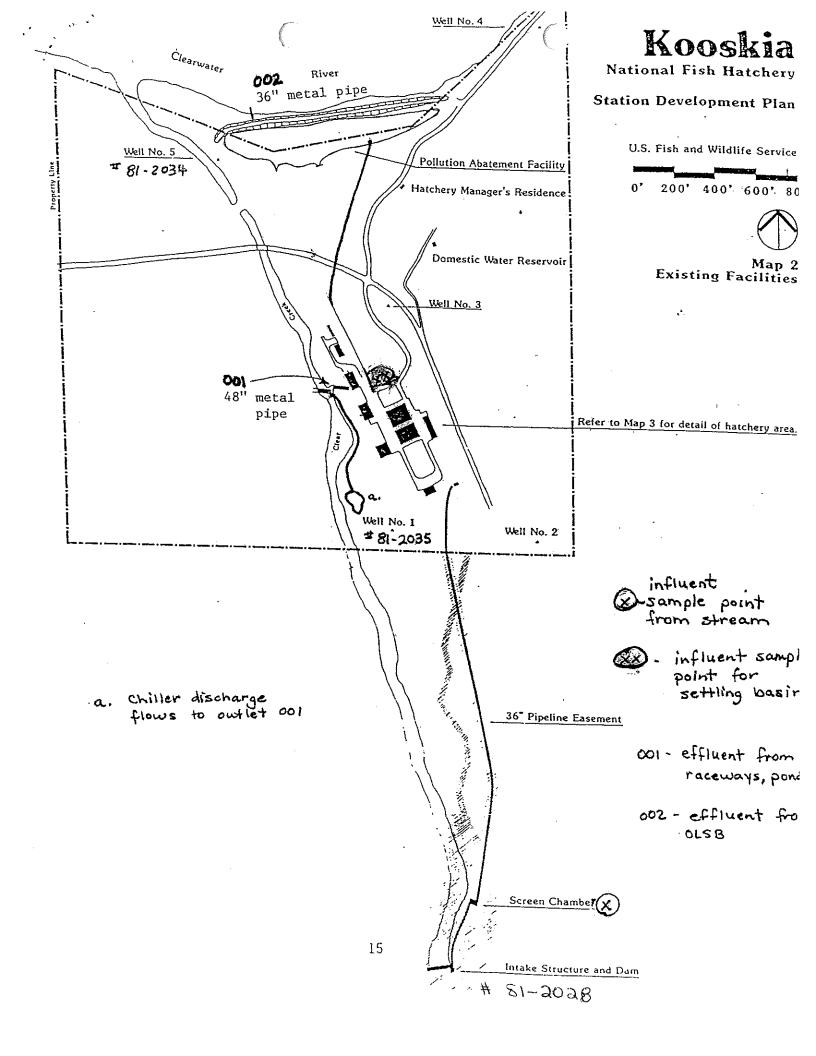
Primary Source:	Min Flow:	Max Flow:	Period:
Clear Creek	3,900 gpm	8,500 gpm	October – April
Secondary Source: Well # 1 Well # 5	Min Flow: 100 gpm	Max Flow: 400 gpm	Period: May - September

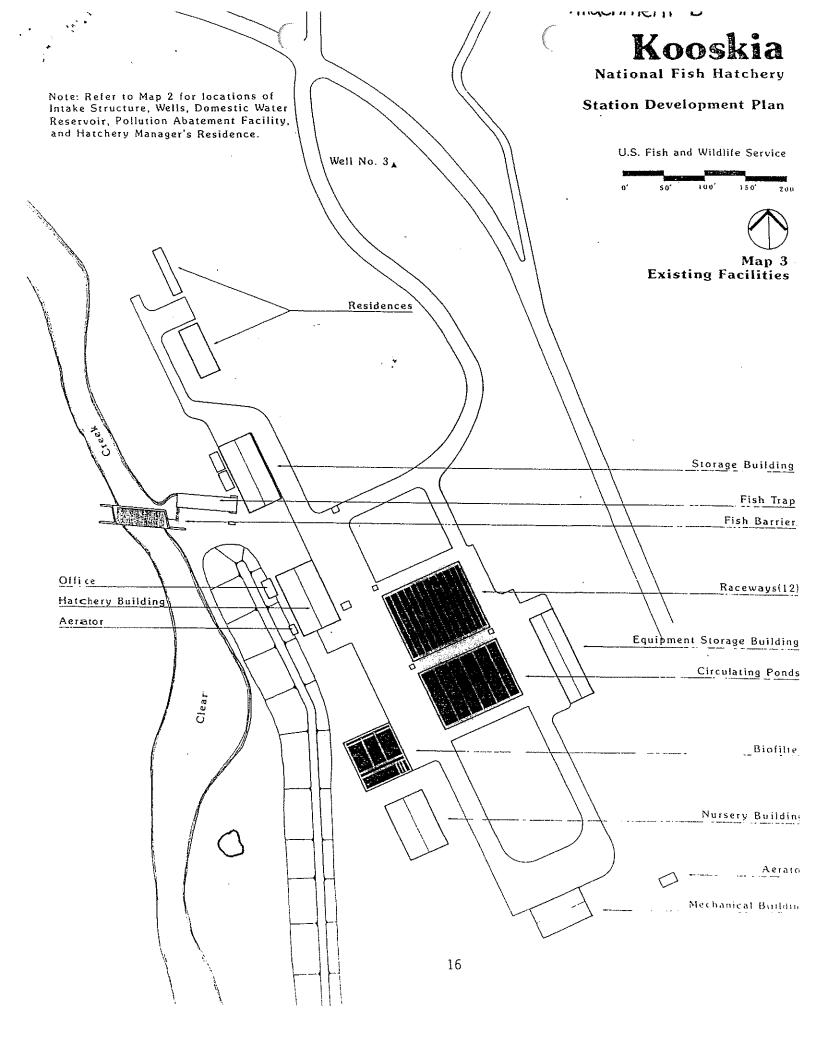
Signature & Certification by authorized representative for permittee (see Section VII.E of the Permit):

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure the qualified personnel properly gather and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

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Signatura	Title/Company	
Signature:	Title/Company: Hatchery Manager/Kooskia Nat Nez Perce Tribe	ional Fish Hatchery
Print Name:	Date:	Check One:
Kent Hills Kent Hilk	5/22/2012	Owner Operator X





x - influent sampling point from XX - influent sample point for settling basin 表02-18年

Kooskia National Fish Hatchery, USGS Kooskia (ID) Topo Map UTM 11 581346E 5108901N (NAD27)